	MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. 10/58/3/5 APPLICANT(S) FILING DATE						
					10-073)	بي المستديد المساول	CLAIN		1111(3)						
		AS FILED		AFTER I"AMENDMENT		AFTER 2 MAMENDMENT			AS F	AS FILED		AFTER 1 AMENDMENT		AFTER 2 MAMENDMENT	
1	IND.	DEP.	IND.	DEP.	IND.	DEP.	1		IND.	DEP.		DEP.	IND.	DEP.	
2		1					1	51							
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TOTAL CLAIMS	43 魔	3	6			177		OTAL LAIMS							